

PERMISSION TO SEEK CRIMINAL BACKGROUND INVESTIGATION REPORT
AND TO OBTAIN AND USE A SET OF MY FINGERPRINTS IN THIS REGARD

I understand that all applicants for a medical license in the State of Nevada, pursuant to the Nevada Revised Statutes, Chapter 630, must submit a full set of his/her fingerprints, along with an authorization for the Nevada State Board of Medical Examiners to forward his/her fingerprints to the Central Repository for Nevada Records of Criminal History and to the Federal Bureau of Investigation for a state and federal criminal background investigation and report.

I herewith and hereby grant permission and fully authorize the Nevada State Board of Medical Examiners to submit a complete set of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for their reports.

I UNDERSTAND THAT THE COSTS OF FINGERPRINTING, THE BACKGROUND CHECK AND THE REPORT SHALL BE AT MY OWN EXPENSE.

Dated this _____ day of _____, 2____.

Signature of Applicant for Medical Licensure in Nevada

Print Name

Signature of applicant

Date

By signing my signature on the line above, I do hereby understand that I must timely submit my fingerprints to the Central Repository for Nevada Records of Criminal History and to the FBI and that failure to do so could result in disciplinary action up to and including immediate summary suspension of my license to practice medicine NRS 630.167.

Return this form to:
Nevada State Board of Medical Examiners
1105 Terminal Way, Ste 301
Reno, NV 89502-2144